

16421 RED BUCKBOARD LN

21706137

6/29/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

D460

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7405A DATE: 3-17-95

TO 017-061-37 ☐ L ☑ CRT

SERIAL № 12950

Name of Owner The Thrull Co. Shephard Juris.:

Address of Property 1642 Red Buckland Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533

Number of Lines 5 @ 107

Cover Depth —

Water Supply Source well

Distance to Water Source ≥75'

Excavation Inspected 3/16/95

Tank(s) Inspected 3/16/95

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, 1600 SQFT, 12" G, CEAK-URE CTR# MACKIE HENDRICK

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: ~~to~~ 3 bedroom conventional

Type II C

Joni Shipp Bunny, RS.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

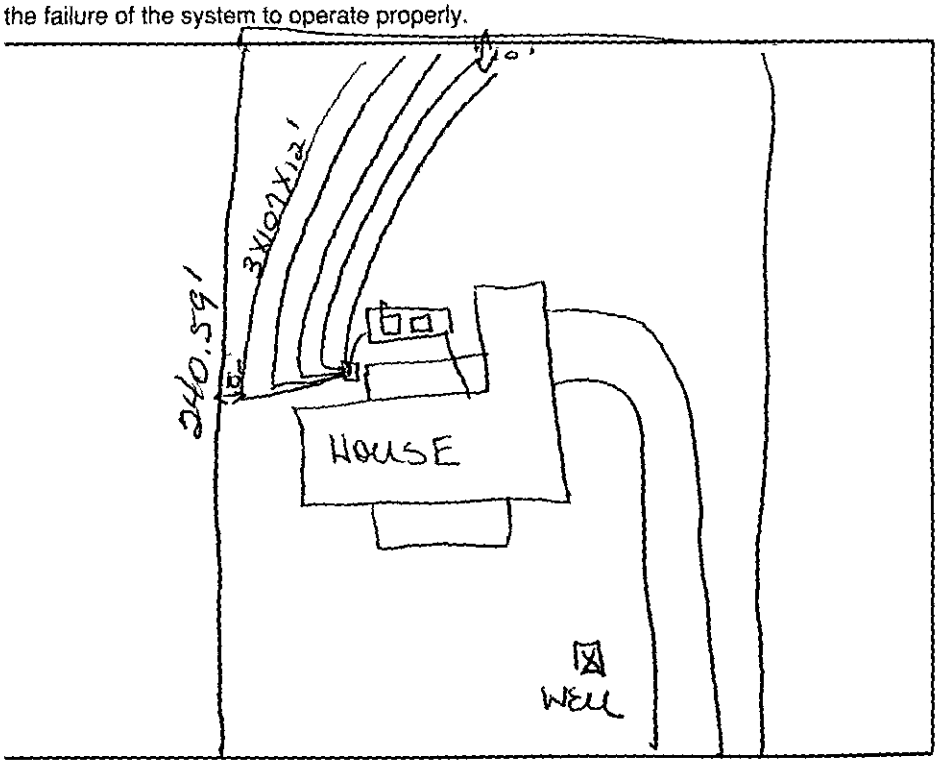
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7405A DATE: ~~10~~ 3/16/95

TC: 217-061-37 ☐ L

SERIAL Nº 16210

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3/16/95. All work shall be completed on or before 3/31/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM
RED BUCKBOARD LANE

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PEC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous NO

Total Line Length ~~545~~ 533 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 15' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER ~~Shepherd~~ Therrell Co. Inc

LOCATION OF PROPERTY 16421 Red Buckboard Lane

Comments: 1500 Septic tank, (1) DBOX,
5 trenches @ 3X107'X12", 36" TRENCH DEPTH
LINES SHALL BE INSTALLED ON CONTOUR.

Doris Heggins Bunny RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

74057

Pd 150.00 chk 1114 3/16/95 DT

Pd #150 9/21/94 ck. # 378 X CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Shepard (last) Roger (first) Wade (mi)
ADDRESS: 12001 Bonnie Blue Ln PHONE: (704) 588-0693
CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: 9-21-94

PROPERTY OWNER:
NAME: The Thernell Co Inc (last) (first) (mi)
ADDRESS: P.O. Box 313 PHONE: (704) 889-2055
CITY: Pineville STATE: NC ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-061-37
STREET ADDRESS: 16421 Red Buckboard Ln
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: NONE

LOT NUMBER: 2 LOT SIZE (in acres): .750

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees _____ Per Shift 7
Industrial Wastes (Y/N) _____
Underground Storage Tanks On Property (Y/N) _____ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Bobbie Thernell Secretary Date: 9-21-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...3 bedroom conventional
with conventional repair

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Jim W. Thernell 11-21-94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

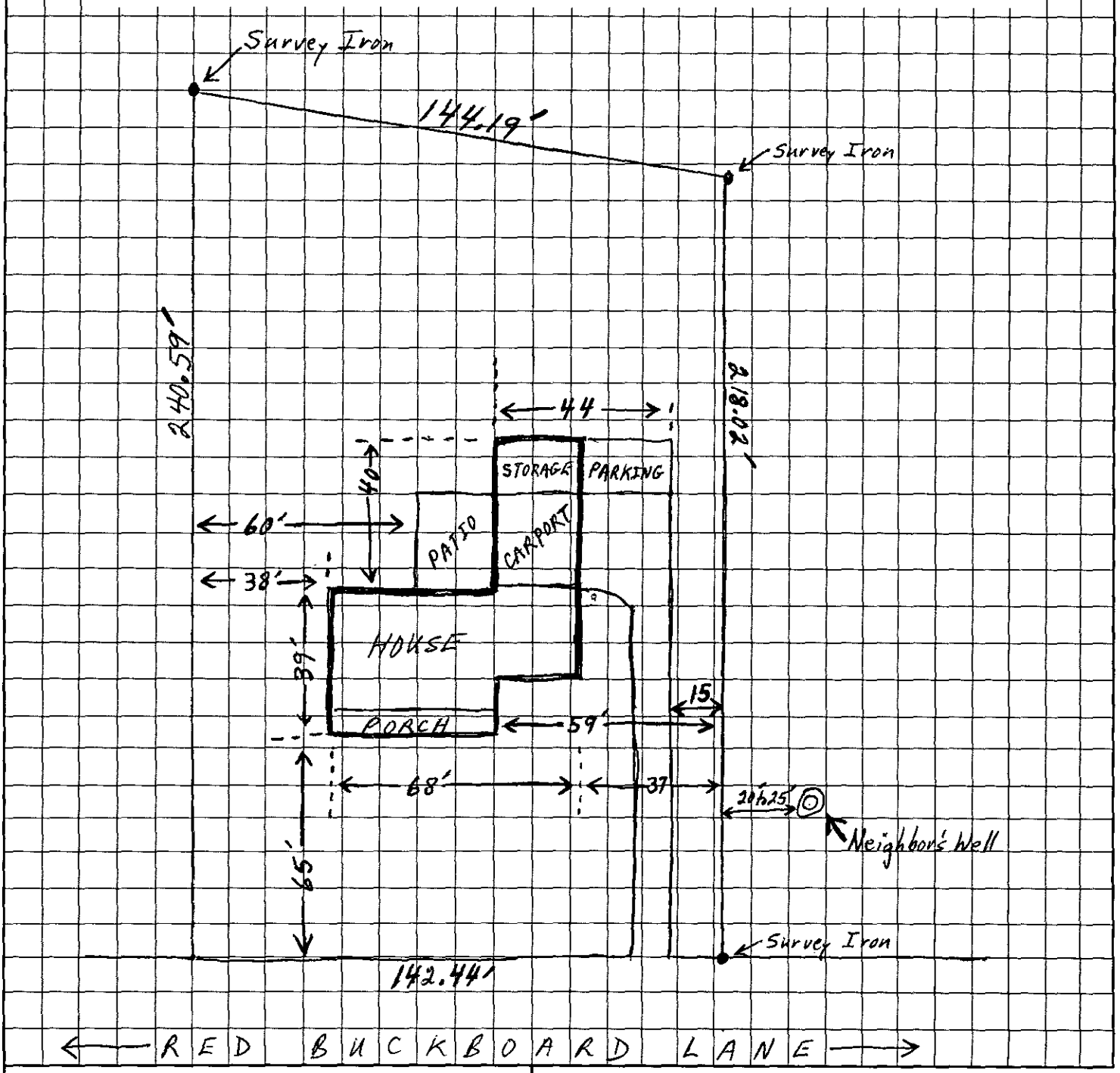
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7405A

TC: 217-061-37

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DATE 8/24/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

217-061-37
PARCEL NUMBER

16421 Red Buckboard Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: SF home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20504

File: 7405A D1400 Action 1

Parcel: 217-061-37 ☐ PC

Location: 16421 Red Buckboard Lane

Subdivision:

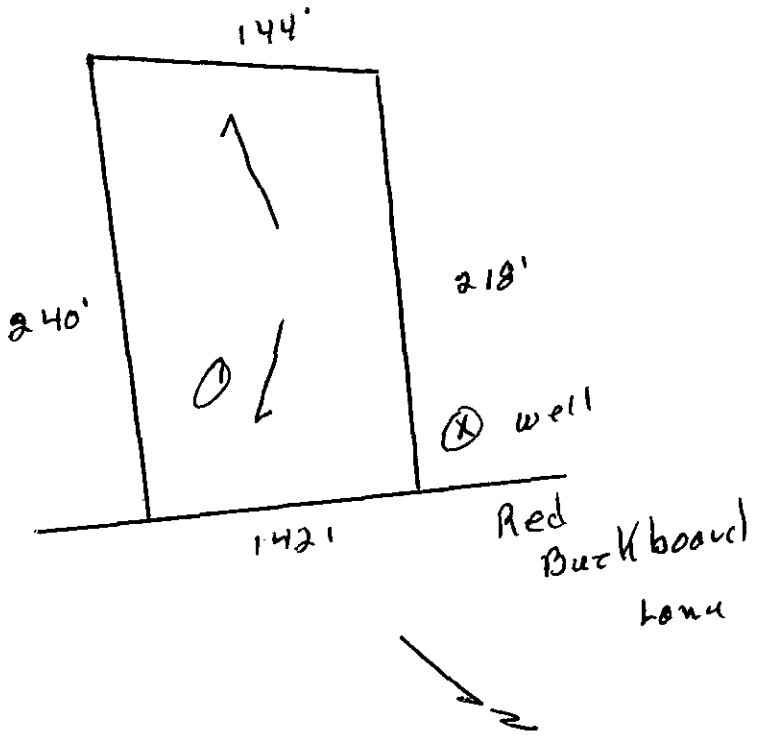
Lot: 2 Block: Acres: .75

Owner: The Thorrell Co., Inc
Address: PO Box 373
Peneville, N.C. 28213

Comments: 100% Repair, .3gal/ft/day LTAR

Described by:

Date:



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subt Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-43" To soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 37-43"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-43"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Urban					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

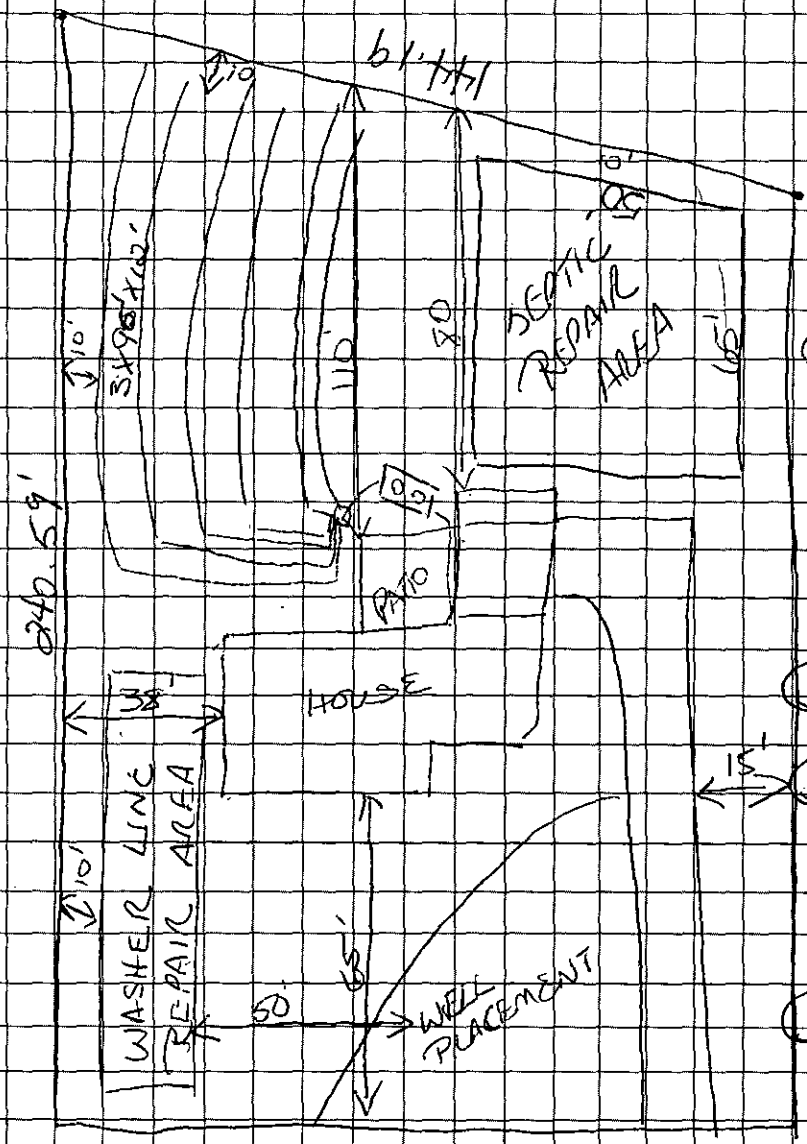
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7405 A

TC: 217-061-37

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS:

1. 1500 SEPTIC TANK
2. ANY CHANGES TO THIS PERMIT WILL VOID THIS PERMIT AND REQUIRE A PUMP IF GRAVITY FLOW CAN NOT BE ESTABLISHED.
3. 6 TRENCHES @ 3X90X12"
4. REPAIR MAY REQUIRE A PUMP STATION. SEPTIC CONVENTIONAL IN BACK. WASHER LINE REPAIR ON FRONT.
5. WELL SHALL BE LOCATED THE MAXIMUM FEASIBLE DISTANCE ~~OF 100~~ FROM REPAIR LINE.

Wade Shepard
OWNER/AGENT SIGNATURE

DATE 11-14-94

APPROVAL DATE 11/15/94

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 16 1991
ENVIRONMENTAL HEALTH
DIVISION

FILE: 7405A

TC: _____

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16421 RED BUCKBOARD LN

② SUBDIVISION: N/A ③ LOT: #2 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 24 PAGE NO.: 67 PARCEL NO.: 217-061-~~38~~ 37

⑥ DEED REFERENCE: BOOK NO.: 6392 PAGE NO.: 25

OWNER

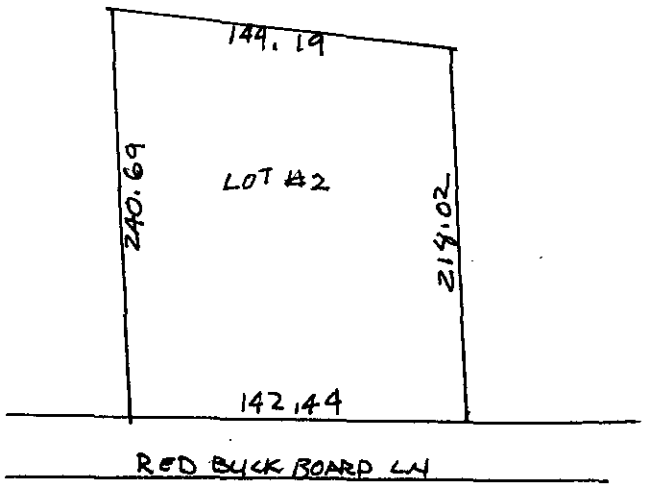
⑦ NAME: THE THERRELL CO. INC
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 373

⑨ CITY: PINEVILLE ⑩ STATE: NC ⑪ ZIP: 28134

⑫ PHONE: (WORK) 588-6822 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Scott Thrull

Date: 4/15/91

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-18-91

Name/Company: The Therrell Company

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: 2 Improvement Permits
5 Soil Tests

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 18 1991

4086

Fee: $ 650.00 11 650

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

P. Johnstone
Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 7405A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 16421 RED BUCKBOARD LN

② SUBDIVISION: N/A ③ LOT: #2 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 24 PAGE NO.: 67 PARCEL NO.: 217-061-37

⑥ DEED REFERENCE: BOOK NO.: 6392 PAGE NO.: 25

OWNER

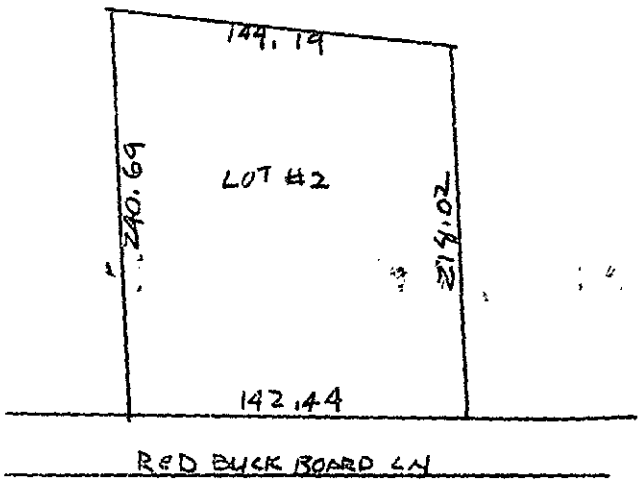
⑦ NAME: THE THERRELL CO. INC.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO BOX 373

⑨ CITY: PINEVILLE ⑩ STATE: NC ⑪ ZIP: 28134

⑫ PHONE: (WORK) 588-6822 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Scott Therrell

Date: 4/15/91

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17156

File: 7405A
Parcel: 217-061-37
Action _____
☐ PC

Location: 16421 Red Buckboard Lane
Subdivision:
Lot: Lot 2 Block: Acres:

Owner: The Therrell Co., Inc.
Address: P.O. Box 373
Pineville, NC 28134

Comments: _____

Described by: _____
Date: _____

***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17156

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Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

32-4228 COLORCRAFT PRINTING COMPANY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17156

File: 74050 Action _____

Parcel: 217-051-37 ☐ PC

Location: [illegible]

Subdivision:

Lot: Block: Acres:

Owner:
Address: [illegible]

Comments: _____

Described by: _____

Date: _____

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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
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Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

32-4228 COLORCRAFT PRINTING COMPANY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17156

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

Described by: _____

Date: _____

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Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
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Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U